

PLACE OF BIRTH

County of Globe

ARIZONA STATE BOARD OF HEALTH

District of _____

BUREAU OF VITAL STATISTICS

State Index No. 171

Town of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

City of GlobeLocal Registrar No. 164No. 540 Willow St.

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Ethyl Alberta Harris

If child is not yet named, make supplemental report, as directed.

Sex of Child FTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? yes7. Date of birth 8-20-27

Month day year

5. No., in order of birth _____

FATHER

Full name Albert B. Harris

MOTHER

Full maiden name Ella May Brown

Residence

(Usual place of abode) Globe

If nonresident, give place and state _____

15. Residence

(Usual place of abode) Globe

If nonresident, give place and state _____

8. Color or race Negro11. Age at last birthday 26 (Years)16. Color or race Negro17. Age at last birthday 18 (Years)

9. Birthplace (city or place) _____

(State or country) Texas18. Birthplace (city or place) Houston(State or country) Tex.3. Occupation LabourNature of industry in Garage19. Occupation at HomeNature of industry at Home

Number of children of this mother _____

Taken as of time of birth of child herein
(If stillborn and including this child.)(a) Born alive and now living _____
(b) Born alive but now dead _____
(c) Stillborn 821. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

When name added from supplemental report _____

Month, day, year.

Signature _____

Address _____

Filed 8-31-27

19 _____

Local Registrar.

Registrar.

Filed _____

19 _____

County Registrar.

582 - 820 - 525